

RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 1765

In re Application of:

Docket No.: 00684.003591

KAZUHIRO HAYAKAWA ET AL.

Examiner: Maki A. Angadi

Application No.: 10/777,108

Group Art Unit: 1765

Filed: February 13, 2004

Confirmation No.: 5013

For: SUBSTRATE PROCESSING METHOD
AND INK JET RECORDING HEAD
SUBSTRATE MANUFACTURING
METHOD

February 16, 2007

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection and Second Request for Acknowledgment of Receipt of Certified Copy of Priority Document in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6	MINUS	20	0	x \$25 \$50	\$0.00
INDEP. CLAIMS	1	MINUS	3	0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180°/\$360						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
- ☐ The ____ -month extension of time fee and the additional claims fee are being paid electronically with this submission. The Commissioner is hereby authorized to charge any additional fees due, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Douglas W. Pinsky
Attorney for Applicants
Registration No. 46,994

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